

STATE OF MONTANA  
OFFICE OF THE STATE PUBLIC DEFENDER

**INDIGENCY QUESTIONNAIRE**

I have been charged with a criminal offense and the office of the State Public Defender has been appointed to represent me. The Crime (s) I have been charged with is:

Co-Defendants:

I am free to hire a private attorney at any time at my own expense. However, I believe I am unable to afford an attorney.

I understand that in order for my appointed attorney to continue representing me, that representation will be based on the information in this questionnaire. The Regional Deputy Public Defender will make a decision whether I am eligible for continued representation.

**Personal Information:**

1. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Message Phone \_\_\_\_\_
4. Marital Status: Married: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_
5. Dependents: Spouse: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Employment Information:**

1. Are you Employed: \_\_\_\_\_ Self Employed: \_\_\_\_\_
2. Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
4. Gross Monthly Income: \_\_\_\_\_ Net Monthly Income: \_\_\_\_\_
5. If unemployed month and year you were last employed? \_\_\_\_\_  
Where: \_\_\_\_\_
6. Any other income? \_\_\_\_\_ (Specify) Monthly \$ \_\_\_\_\_  
(income from all other sources including, support payments, alimony, interest, rent income, social security, disability, public assistance, etc)

**Spouse's Information:**

1. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_
2. Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
4. Gross Monthly Income: \_\_\_\_\_ Net Monthly Income: \_\_\_\_\_
5. Does Spouse have any other income? \_\_\_\_\_ (Specify) Monthly \$ \_\_\_\_\_  
(income from all other sources including, support payments, alimony, interest, rent income, social security, disability, public assistance, etc)

**Other Household Members:**

1. Name: \_\_\_\_\_ D.O.B \_\_\_\_\_
2. Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_
4. Gross Monthly Income: \_\_\_\_\_ Net Monthly Income: \_\_\_\_\_

**“gross household income” as defined in Section 15-30-171 MCA, means all income received by all individuals of a household while they are members of the household.**

**Household Assets and Debts:**

1. **Do you own car(s)?** Yes \_\_\_\_\_ No \_\_\_\_\_

a. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Is it paid for? Yes \_\_\_ No \_\_\_ If not how much do you owe \$ \_\_\_\_\_

b. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Is it paid for? Yes \_\_\_ No \_\_\_ If not how much do you owe \$ \_\_\_\_\_

c. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Is it paid for? Yes \_\_\_ No \_\_\_ If not how much do you owe \$ \_\_\_\_\_

2. **Do you own any land or other real estate, or are you buying any?** Yes \_\_\_\_\_ No \_\_\_\_\_

What is the approximate value? \$ \_\_\_\_\_ How Much did you pay for it? \_\_\_\_\_ If not paid for, how much do you owe? \_\_\_\_\_

3. **Do you have any:**

Cash or Savings:

Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_ Bank \_\_\_\_\_

Checking Account:

Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_ Bank \_\_\_\_\_

Stocks or bonds:

Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_ Value \$ \_\_\_\_\_

Other Property:

Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_ Value \$ \_\_\_\_\_

(trailer, boat, camper, cycle, atv, guns, tools, colletctions, etc.)

VERIFICATION

Under penalty of perjury, I declare that I have examined the above information given by me and to the best of my knowledge and belief, each answer is true and correct. I believe I lack sufficient funds to hire a private lawyer to represent me.

Dated \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

STATE OF MONTANA

)

ss

COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public for the State of Montana

Residing at \_\_\_\_\_ Montana

My Commission Expires \_\_\_\_\_

***FOR REGIONAL OFFICE USE ONLY:***

Other Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_